

NON-PROFIT ORGANIZATION
U.S. POSTAGE PAID
OSHKOSH, WI PERMIT NO. 145



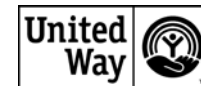
Oshkosh Community YMCA
3303 West 20th Avenue, Oshkosh, WI 54904

Children are the world's most valuable resource and its best hope for the future.

John F. Kennedy



Check out the other exciting programs the Y has to offer. Call and ask for an Activities Guide today!



Health History	Child's Name	Health History	Child's Name																																																																																				
Child's physician or medical facility (name, address, phone number)		Child's physician or medical facility (name, address, phone number)																																																																																					
1. Check any special medical condition that your child may have: <input type="checkbox"/> No specific medical condition <input type="checkbox"/> Cerebral palsy/motor disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Special Diet <input type="checkbox"/> Emotional Disorder <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet/supplements <input type="checkbox"/> Other condition(s) requiring special care—specify _____ <input type="checkbox"/> Food Allergies—Specify food(s) _____ <input type="checkbox"/> Non-food Allergies—Specify _____		1. Check any special medical condition that your child may have: <input type="checkbox"/> No specific medical condition <input type="checkbox"/> Cerebral palsy/motor disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Special Diet <input type="checkbox"/> Emotional Disorder <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet/supplements <input type="checkbox"/> Other condition(s) requiring special care—specify _____ <input type="checkbox"/> Food Allergies—Specify food(s) _____ <input type="checkbox"/> Non-food Allergies—Specify _____																																																																																					
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3. Signs or symptoms to watch for—Specify.		3. Signs or symptoms to watch for—Specify.																																																																																					
4. Steps the child care provider should follow. If medications are necessary, a copy of the CFS-59, Authorization to Administer Medication, should be attached. Indicate any child care staff who have received specialized training/instructions to help treat symptoms. A. B. C.		4. Steps the child care provider should follow. If medications are necessary, a copy of the CFS-59, Authorization to Administer Medication, should be attached. Indicate any child care staff who have received specialized training/instructions to help treat symptoms. A. B. C.																																																																																					
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Parent Consent/Authorization (Please initial each line & provide signature at bottom of page stating you have read and understand each item.)

_____ I understand that a copy of this program's policies and a summary of the Wisconsin Rules for Licensed Child Care Centers are available upon request.

_____ I give or do not give permission for promotional photographs to be taken of my child. (Please check the appropriate box)

_____ I hereby give consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

_____ I have been informed of the number of pets in the center and their degree of contact with the enrolled children. **WE DO NOT HAVE ANY PETS**

Parent Signature _____ Date _____

OSHKOSH COMMUNITY YMCA



A supervised environment in which kids can participate in a variety of recreational and educational activities on days off school.

2011-2012 Kid's Day Out
SUPERVISED SUPER FUN DAYS OFF



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KID'S DAY OUT

A FULL-DAY PROGRAM FOR KIDS K-12 YEARS, ON DAYS "SCHOOL'S OUT."



Kid's Day Out is a full day, school age child care program offered on "school out" days in accordance with the Oshkosh Area School District student calendar. Children ages Kindergarten to 12 years of age will participate in arts and crafts, Family Prime Time, games, swimming, ice skating, sports, and occasional fieldtrips. Feel safe knowing your children are enjoying their "day out" in a fun, supervised environment. Morning and afternoon snack will be provided by the YMCA.

LOCATION 20TH AVE YMCA only • 3303 W. 20th Avenue

HOURS 6:30 a.m.-6:00 p.m.

DATES

2011:

October 27, 28
November 7, 18
December 23, 26-30

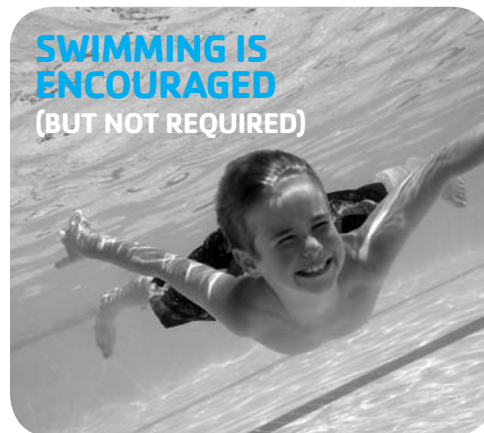
2012:

January 2, 23
March 9
April 6, 9-13
June 8 (Downtown Only)

AGE K-12 years

FEE \$25/Day YMCA Member • \$30/Day Non Member

Kid's Day Out does not offer a sibling discount.



- Participants must be signed in AND out by an adult.
- Participants should bring a swimming suit and towel daily. (swimming is not required, but encouraged)
- Do not send personal belongings with your child. (playing cards, gameboys, cd players, cell phones, iPods, money, etc)
- Participants should come to the program dressed for the weather (we will go outside). Socks are required to use the Family Prime Time indoor climber.
- Participants must bring a sack lunch with beverage. Refrigeration and microwaves will not be available. Please keep this in mind when packing your child's lunch. (use insulated lunch bags with ice packs)

Limited spots available. REGISTER EARLY!!



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kid's Club
2011-2012 Kid's Day Out
Registration Form

CHILD(REN) INFORMATION

Child's Name (Last, First)	Sex	Home Address (Street, City, State)	Zip Code	Telephone #	DOB
1.					
2.					

PARENT OR GUARDIAN INFORMATION

(All parents/guardians are permitted to visit during center hours and are allowed to pick up child(ren) unless prohibited or restricted by a court order. Attach court order, if any.)

Father/ Guardian	Name (Last, First)	Home Address (Street, City, State) Email	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #
Mother / Guardian	Name (Last, First)	Home Address (Street, City, State) Email	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO PICK-UP CHILD(REN)

Provide information requested for each person. If no one, write "NONE."

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #
Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #

EMERGENCY CONTACT

Provide information for the person to contact when parents/guardians cannot be reached.

YES NO This person is authorized to pick up the child.

Relationship to Child	Name (Last, First)	Home Address (Street, City, State)	Zip Code	Telephone #
	Place of Employment or where reachable	Address (Street, City, State, Zip)	Work Phone #	Cell Phone #

DATES NEEDED—PLEASE CHECK ALL DATES NEEDED

- | | |
|--|---|
| <input type="checkbox"/> October 27, 2011 | <input type="checkbox"/> March 9, 2012 |
| <input type="checkbox"/> October 28, 2011 | <input type="checkbox"/> April 6, 2012 |
| <input type="checkbox"/> November 7, 2011 | <input type="checkbox"/> April 9, 2012 |
| <input type="checkbox"/> November 18, 2011 | <input type="checkbox"/> April 10, 2012 |
| <input type="checkbox"/> December 23, 2011 | <input type="checkbox"/> April 11, 2012 |
| <input type="checkbox"/> December 26, 2011 | <input type="checkbox"/> April 12, 2012 |
| <input type="checkbox"/> December 27, 2011 | <input type="checkbox"/> April 13, 2012 |
| <input type="checkbox"/> December 28, 2011 | <input type="checkbox"/> June 8, 2012 (Downtown Only) |
| <input type="checkbox"/> December 29, 2011 | \$25/Day YMCA Member |
| <input type="checkbox"/> December 30, 2011 | \$30/Day Non Member |
| <input type="checkbox"/> January 2, 2012 | Total Days of Care Needed _____ |
| <input type="checkbox"/> January 23, 2012 | Amount Enclosed \$ _____ |
| | Signature _____ |

Mail To: YMCA Kid's Club, 324 Washington Avenue, Oshkosh, WI 54901 For Information call: (920) 236-3380 ext. 388
Registrations will also be taken at both YMCA Front Desk locations. Make checks payable to the Oshkosh YMCA.